

MEMORANDUM BY THE HOME OFFICE ON THE CARE OF CHILDREN UNDER FIVE YEARS OF AGE

GENERAL

1. This memorandum, which supersedes the memorandum issued in June, 1950, on the provision and conduct of residential nurseries, has been prepared in the light of developments in the practice of local authorities and voluntary organisations. The recommendations are based on advice tendered to the Secretary of State by the Advisory Council on Child Care.
2. The memorandum of 1950, while advocating the boarding out of young children, a practice not then developed extensively, reflected the pressure at that time on existing accommodation, not all of it of a good standard; on this account, the emphasis in that memorandum was on the provision and conduct of residential nurseries. The present memorandum is concerned generally with the care of children under five, and deals in some detail with residential nurseries.
3. It is accepted that every child should be brought up in his own home, unless separation from his family is unavoidable. The shock to a child of parting even temporarily from the people he knows and particularly from his mother, and from familiar surroundings, is severe and may cause him lasting harm. Accordingly, those concerned with a child whose family is in danger of breaking up do all that they can, in the course of examination and assessment of the situation, to keep the home together. Where it proves necessary to remove a child from home, it is important that everything possible should be done to preserve the link with his relatives, and to work towards his return home as soon as may be. If it seems certain that he can never have a home with his relatives, adoption, if practicable, may be in his best interests. Whether the child has to be away from home for a short or long period, he needs to be cared for in such a way as to mitigate the effects of separation. It is particularly necessary that the young child should be able to find a substitute for the personal relationship that should have existed between him and his mother in normal circumstances.

BOARDING OUT

4. A child is more likely to find a satisfactory substitute relationship within the circle of an ordinary family, and for this reason boarding out is to be preferred usually to other forms of care. If the foster home is well chosen, a child will find there a familiar way of living which he should ordinarily be able to accept without undue difficulty.
5. The task of finding the right foster home for a young child is one calling for imagination, perception, and judgment. It is necessary first to try to assess the needs of the child with reference to the circumstances that led to his removal from home, and in the light of what is known about him and his family background. The selection of a foster home will be more difficult when there is uncertainty whether the child is likely to be in care for a few weeks or for an indefinite period. It will sometimes be an advantage, in order to avoid moves, to place the child in a foster home direct from his own home, though this may limit the opportunities of studying his needs and of enabling foster parents and child to get to know each other beforehand; but with foresight some preparation may be possible. An increasing number of local authorities succeed in finding foster parents who are willing to accept young children at any time for short periods.

6. A child's past experiences play a vital part in his development, and continue to be important to him. If he is one of a family of children received into care, the best placing for him is likely to be with his brothers and sisters in the same foster home. Failing this, the children of a family can often be boarded out in different foster homes in the same neighbourhood, so kept in touch with one another as is important.

7. Some foster mothers are interested particularly in looking after young babies. This is skilled work which calls for special qualities on the part of the foster mother, and the necessary knowledge to enable her quickly to recognise in the child any signs of physical disorder. She should be given full information about the child's health and feeding, and as much as necessary about his home background; and should understand clearly the need to use the various health services available for children.

8. A boarding out allowance above the usual rate is paid commonly for the short-term fostering of babies, or the care of delicate or physically handicapped children. It may be necessary sometimes to provide a suitable cot, pram or other equipment on loan.

RESIDENTIAL CARE

9. Where a child is not available for adoption, and boarding out is not practicable for the time being, the question arises in what kind of residential accommodation—reception centre, short-stay home, children's home or residential nursery—the child's needs can best be met. Many of the recommendations set out in detail in the section on residential nurseries below apply to all forms of residential care. The child has the same need for an individual relationship wherever he is living, a factor to be taken into account in making staff arrangements.

RECEPTION OR SHORT-STAY CHILDREN'S HOMES

10. In some circumstances, as when the child has older brothers or sisters in care, or is likely to be in care for only a short period, it may be in his interest to be placed in a reception centre or in a short-stay home. A home used in this way should be suitably equipped to provide for a young child, and there should be people on the staff with the knowledge and ability to satisfy the special needs of children under five years of age.

CHILDREN'S HOMES

11. Children under five years of age may settle happily in small homes, designed usually for a group of not more than twelve boys and girls of varied ages; such a home, with homely furnishing and informal routine, aims at reproducing as nearly as may be the characteristics of ordinary family life. One of the advantages enjoyed by a young child placed in this kind of home is that he does not have to compete with other children of ages similar to his own, and with the same need for attention. Where the presence of young children makes additional help necessary, this might sometimes be given by a nursemaid, or older woman, coming in for a few hours a day to look after the smaller children.

RESIDENTIAL NURSERIES

12. There is an increasing tendency—and one to be encouraged—for a child's stay in a residential nursery to be regarded as temporary. Nursery staff who have found satisfaction in caring for young children from babyhood to the age of five years may find this difficult to accept, and there may be need

to emphasise that, although changing in some ways, their work continues to play a vital part in the care of children. The staff continue to make an essential contribution in caring for the child during his time in the nursery, and in taking part in planning for his future and in fitting him to take his place with confidence in life outside the nursery.

SIZE OF NURSERIES

13. Experience during the past five years has served to show that it is not easy to satisfy the need for individual attention in a nursery for as many as thirty children, the number recommended in the memorandum of 1950. An authority faced with the need in future to provide residential nursery accommodation may consider it advisable to make provision for smaller units than those envisaged in 1950; as the demand for nursery accommodation diminishes, these smaller premises lend themselves more readily to alternative uses.

THE CARE OF BABIES

14. It is usual for the babies to be cared for in a part of the nursery set aside for them, as particular safeguards are necessary in relation to their feeding and general hygiene. The baby must be given the right opportunities for normal physical, emotional and mental development. He needs the security and stimulus that he would gain normally from his mother, and the responsiveness and interchange of experience from which develop a lively awareness of self and others, and an early use of language. He should have freedom for muscular activity, and long periods in the fresh air. Given proper opportunity, he will reach out, when he is ready, to a wider variety of human contacts and experiences. The aim should be to secure as far as possible that each baby is cared for regularly by the same person. The staff in the babies' section of the nursery should have adequate training or experience, and should be sufficient in number to allow time both by day and at night for the unhurried feeding and mothering of the babies, and for careful attention to detail in the preparation of feeds and the changing of napkins.

THE CARE OF OLDER CHILDREN

15. The older children have a similar need for continuity of individual care. There are various ways in which this may be met, and a good matron will be able usually to determine which is the best method to follow. Individual relationships between members of staff and children in many nurseries are developed by organising the life of the nursery so that each child is able, within a small group, to attach himself to a particular member of staff. There is no one pattern for such grouping. The size and nature of the groups depend on such factors as the number of children in the nursery, their ages, and on the staff. In some nurseries, a member of staff, with the help of an assistant, may have a group of seven or eight children; in other instances, it may be possible for the groups to be limited to three or four children. It may be practicable in some premises for each group to have its own living room, bedroom and bathroom, while in others accommodation has to be shared by several groups. Whatever the size and age range of the groups, and whatever the nature of the accommodation, the principle on which the grouping is based remains the same—the attachment of individual children to particular members of staff.

16. The member of staff responsible for a group should know enough about the circumstances of her children to enable her to care for them with understanding. Whenever possible, she should help to receive them on their arrival, and to settle them in. She should get to know their relatives and friends when they visit, and encourage them to come regularly. During the day,

she may take her children to the nursery playroom or garden, where other members of the staff will look after them. She may have children with her when she is doing jobs about the house, and take them out on errands or for walks. When she is off duty, the care of her children should be undertaken, as far as practicable, by the same person.

MEAL TIMES

17. Meal times should be as like as possible those in an ordinary home. Tables can be of normal height, and high chairs used for the smaller children until they can use a chair at the table; table cloths should be laid, and food served from dishes on each table by members of staff who sit with the children. The staff should take some meals with the children, both because meals are a social occasion and because sharing meals with grown-ups helps children to learn how to behave. It may be possible sometimes for one or two children to have meals with the staff, to enable the children to get used to being in the company of several adults.

BED TIME

18. Some of the best opportunities for showing a child affection and for giving him individual care occur at bed time. Whenever possible, he should be bathed and put to bed by the member of staff to whom he is specially attached. While he is being bathed, he should be given time to play and splash. There should be time also for a bed time story before he says his prayers and is tucked into bed, perhaps with his favourite toy for company. Bed time should not come too soon after tea; 6 o'clock is usually early enough for all but the youngest children.

PLAY IN RELATION TO CHILD DEVELOPMENT

19. The satisfactory development of babies and young children is dependent in large part upon their play. Much of the play of the young baby is an integral part of his relationship with the adult who cares for him as would his mother. This incidental play helps to awaken his interest and responsiveness, and gives him great satisfaction. He needs in his cot or pram simple playthings of a kind which catch his eye, by their colour, for example, and which he can reach out to grasp. A gradually growing stock of such simple and individual playthings should be collected for each baby, and the same ones returned to him if they have been taken away to be washed. He plays also in his efforts to move and raise his head, to turn over and to sit up. He needs, therefore, for some of his waking time to be wrapped loosely enough to be able to move easily, and from an early age to spend some time on a rug on the floor.

20. The play which is incidental to the child's general care and which is shared with an adult continues to be a source of satisfaction and interest throughout early childhood, although it occupies a gradually diminishing place in the child's life as he becomes progressively able to find pleasure in using objects of many kinds, in developing his muscular skills, and in playing with other children. The restless, desultory activity of a group of young children, if too numerous to be aware of any interest on the part of the adult who is with them, is in marked contrast with the satisfying activity of a little group in which each child can share his pleasure from time to time with an adult, and with other children.

21. Play space indoors and out should be interesting as well as safe, and an adequate supply of the simple play materials enjoyed by young children should be available for use in the garden and in the playroom. Each child

needs playthings of his own in addition to those shared with other children. Interest in living things, opportunities of seeing something of life outside the nursery, and pleasure in stories and music have also a part to play in the child's development.

STAFF

22. The work of nursery staff demands more than ever before understanding and skill in handling young children upset by recent separation from home. The task of reassuring new children, and the difficulty of satisfying each child's need for individual attention and mothering, are magnified when children are coming and going constantly. Moreover, the staff must be ready to adjust the routine of the nursery as necessary to meet the needs of a specially large number of small babies at one time, or perhaps of a preponderance of three to five-year-old children at another.

23. The matron should have had experience in the care of healthy as well as of sick children. Both she and her deputy should be resident, and at least one of them should have a recognised qualification, such as that of state registered nurse, state registered sick children's nurse, state registered fever nurse, or certificated nursery nurse with adequate experience. If only one of them has such a qualification, the other should have had experience equivalent to that gained in obtaining such a qualification, or experience in a residential nursery.

24. It is inevitable that there should be a high ratio of staff to children, not only to provide enough staff to give the children the personal care they need, but also to ensure that the staffing establishment allows for off-duty time, night duty, holidays and absences due to sickness. The staff timetable should not be drawn too rigidly, and it is an advantage if off-duty can be arranged in such a way as to ensure that each child is cared for by the same person, or persons, as far as possible. Experience has shown that it is advisable to provide a higher ratio of staff to children than that recommended in the memorandum of 1950. A staff ratio of at least 1 : 2 for children under eighteen months old, and at least 1 : 2½ for those over that age, is likely to be required. Where it is necessary to make arrangements for staff to be on duty at night, consideration might be given to the appointment of permanent non-resident night staff, so that the organisation of day time staff duties is not disturbed by a night duty rota.

25. There is need for adequate domestic staff, who should be people with a genuine interest in young children. The employment of the right type of man—a person with whom the children can talk—as gardener-bandyman, provides a useful contact with men, otherwise lacking in nurseries.

PREMISES

26. Skilful adaptation of existing premises can contribute much to the easy running of a nursery. The babies' rooms should face south where possible, and two or three small rooms will usually be better than one large room. The planning of the milk room, bath room and sluice room is of particular importance. It may be practicable for each group of older children to have its own living room, bedroom and toilet facilities. A play room that can be used by some of the children from each group for part of the day may be a useful additional provision. Sick room accommodation will vary according to the size of the nursery, and should be so situated as to make supervision easy by day and by night.

27. It has not been considered necessary to include in this memorandum a statement of standards of accommodation. The Children's Department of the Home Office will be glad at any time to discuss proposals with local authorities or voluntary organisations who contemplate new nursery provision.

FURNISHING AND EQUIPMENT

28. The furnishings and equipment of the nursery should be similar to those found in an ordinary simple but comfortable home. Linen slung cots are satisfactory for small babies, and for the oldest children low beds are suitable. The sick room, for which a stock of suitable toys should be provided, should be pleasant, but not over-furnished. Some easy chairs in the living rooms, rugs, low tables and chairs for play, and cupboards and drawers in the bedrooms, all help to create a homely atmosphere. The children need a place for their individual belongings, and ready access to communal play material.

DIET

29. When a bottle fed baby is admitted, the fullest possible information should be available about the previous method of feeding. A growing child's nutritional needs will usually be met by a good mixed diet containing meat (not always minced), fish, fresh vegetables, butter or margarine, and at least a pint of milk daily. An egg, cheese and fruit should be given at least two or three times a week. National cod liver oil and orange juice should be given in the recommended quantities. All milk should be pasteurised, and, in order to avoid any danger to very young children, it is recommended that, in addition, milk should be boiled before being given to children under the age of two years. Attention is drawn to the booklet "Feeding the One to Fives", published by the Ministry of Health, copies of which can be obtained from the Stationery Office, price 6d. (post free 7d.), or through a bookseller.

SAFETY PRECAUTIONS

30. The advice of the fire prevention officer of the local authority should be obtained on fire precautions, and frequent fire drills held in accordance with his recommendations; danger of injury in the event of fire is lessened where the children who cannot walk are accommodated on the ground floor. Open, electric or gas fires must be provided with fixed fire-guards, and radiators and hot pipes guarded suitably. Medicines and disinfectants should be kept in locked cupboards to which the children cannot gain access. Where windows, verandahs, or staircases are potentially dangerous, or where there are main roads, ponds, rivers, etc., in the vicinity, the risks should be assessed and the necessary safety measures taken. If the nursery is at the seaside or the children are taken there on holiday, suitable precautions should be taken on the beach.

31. The space between bars of new cots should not be less than 2½ in., and, in order to prevent a child's being able to get either head or body through the space, not more than 3 in. with an upward tolerance of ⅛ in. Safety catches on cots should be examined frequently to ensure that they are effective. Pillows are not advised for children under one year, owing to the risk of suffocation.

MEDICAL ARRANGEMENTS

32. It is desirable that the doctor visiting the nursery should be experienced with young children. The duties should include medical examination of children on admission and subsequent routine examinations, the provision of medical attention as required, the supervision of medical records, and general supervision of health, hygiene and dietary, including infant feeding. In order

that the doctor may keep in close touch and be able to discuss the children and the arrangements for their care with the matron of the nursery, it is desirable that he should visit frequently. The fullest possible information as to the previous medical history of each child and his family should be available to the medical officer; it is particularly important that this should include details of any immunisations. Liaison with the local health department will facilitate the transfer of available information.

33. It is an advantage if one doctor can undertake all the duties, but this may not always be practicable. A general practitioner may not wish to undertake general supervision or routine examinations, while the local authority may be able to arrange for one of their medical officers to do this but not the emergency work. The medical treatment of children can be provided under the National Health Service, but not the general supervision and routine examinations.

34. The advice of the Medical Officer of Health should be sought on all medical matters affecting residential nurseries provided by a local authority, including the appointment of the medical officer for the home, and, where it arises, the allocation of duties between two doctors; matters concerned with the health of the staff; precautions against the spread of infectious disease; and the medical aspects of the planning of accommodation and the staffing of nurseries. Voluntary organisations may also find it an advantage to seek the advice of the appropriate Medical Officer of Health on such matters.

35. It is recommended that children should have a medical examination within twenty-four hours of admission, and then monthly while under the age of one year, and quarterly when over that age. They should be seen by the doctor before leaving. Individual medical records should be kept of the condition on admission and the results of the medical examinations, together with a note of any illness or immunisations. Regular dental inspection is desirable for children over the age of two years.

36. Children should be weighed weekly while under the age of six months, and monthly while between the ages of six months and two years. Weight, and also height, of children over two years of age, should be recorded quarterly.

37. Suitable medical record cards for children under the age of five can be obtained from the Stationery Office (Sales Offices), price ten shillings net per fifty (exclusive of purchase tax) for the cards, and five shillings net per fifty (exclusive of purchase tax) for continuation cards. The cards should be ordered under the reference "Home Office RNM.", and the continuation cards under the reference "Home Office RNM(C)".

PREVENTION OF INFECTION

38. To prevent a sense of loneliness, children over the age of one year who, on admission, have no symptoms and no history of exposure to infection may be allowed, with the agreement of the medical officer, to mix freely with the other children at once. In all other cases, a child should be seen by a doctor without delay. If for any reason a child has to be kept away from the others, initially, there will be need for extra personal interest and attention from the staff.

39. A child's resistance to infection depends in large measure on sufficient suitable food, adequate rest, and open-air activity. When a young child is admitted to a residential nursery, he may be introduced to viruses and bacteria which differ from those in his own family circle and against which he has no immunity. Children under the age of two in residential nurseries are particularly susceptible

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to respiratory and gastro-intestinal infections ; as the more dangerous specific infections of childhood, like measles and whooping-cough, are airborne droplet infections, thought and attention must be given continually to measures to prevent their spread, especially by inhalation and ingestion.

40. The spread of airborne infections can be lessened appreciably by keeping groups of children small, by encouraging outdoor activities all the year round, by maintaining adequate bed-spacing and good ventilation in all rooms, and by the isolation of children at the first sign of upper respiratory infection, such as sore throat or common cold. Since young children come into close contact while playing together, care must be taken to prevent them from infecting each other. Quite young children can be taught and helped to blow their noses, but staff must remember that their own fingers often become contaminated and need washing. Paper tissues are recommended, and after use should be put into a bin with a lid or burnt.

41. The spread of gastro-intestinal infection is due commonly to contamination of food or drink or utensils by the hands of persons preparing the meal or feeding young children. These infections can best be controlled by domestic and child care staff giving scrupulous attention to hand washing before handling food, after every visit to the toilet, and after every change of a baby's napkin or the handling of a chamber pot. The use of proper techniques is necessary in the preparation of bottle feeds, and in the changing and laundering of napkins. Disinfectants have their uses, but too much reliance should not be placed on them.

42. In view of the close contact between nursery staff and children, it is desirable that the staff should be free from any disorder likely to harm the children. Each member of the nursery staff should have a medical examination and an X-ray of the chest before appointment, and all staff, including the domestic staff, should be encouraged to have an annual X-ray of the chest. No member of staff should be on duty in the nursery if she has a cold or septic skin condition. Prompt isolation of staff at the first sign of upper respiratory infection may save much sickness. Further, it is desirable that young nursery nurses, in their own interests, should have been immunised recently against diphtheria, as most of the children will have been immunised and some may be carriers.

LEAVING THE NURSERY

43. Many of the children will leave the nursery to return home, and often some member of the family will have maintained contact ; but sometimes staff may need to help the mother to understand her child's reactions on his re-union with her. When boarding out is being considered, members of the staff, through their knowledge of the child, will have a particular contribution to make to the discussions and an important part to play in helping the child and the foster parents to get to know each other. Whenever possible, the child should be taken to his foster home by someone whom he knows, and should take with him always his personal possessions and some familiar clothes. Similar considerations apply when a child is to be adopted, or is going to a children's home. It gives pleasure to members of the staff of the nursery to see or hear news of a child who has left, and helps them to appreciate the value of their personal relationships with the children in their care.

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